

Tribal Medicaid Administrative Match

EXHIBIT 4
DATE 2-12-09
HB 2

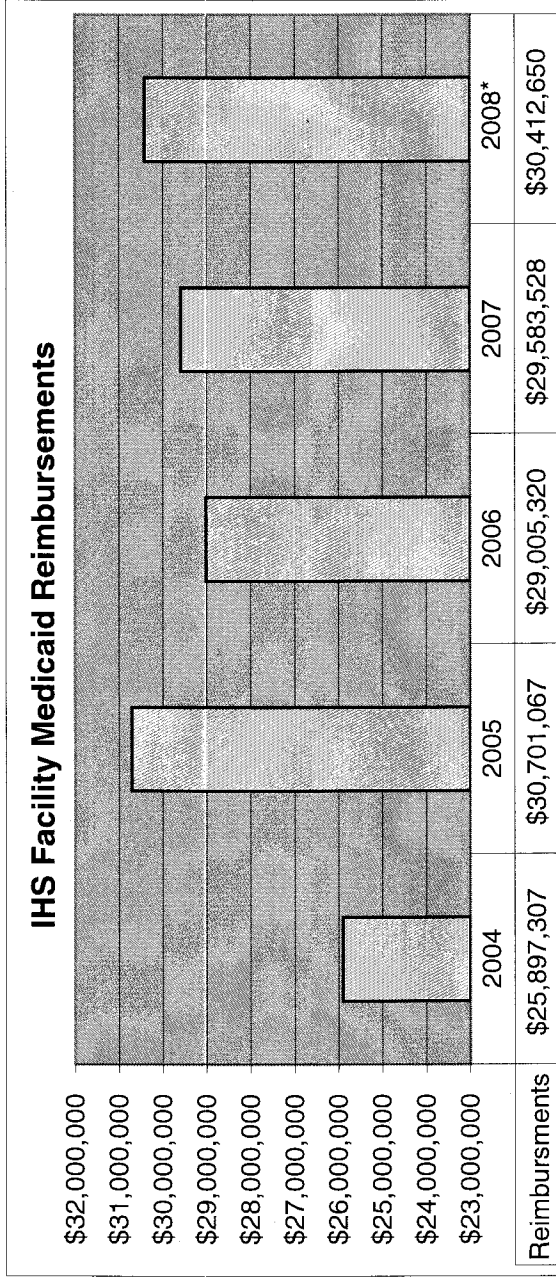
February 11, 2009

The Department is pleased that the Montana Tribal Medicaid Administrative Match Program (MAM) was approved in 2008 by CMS as the first state Tribal MAM Program in the nation. This historic event will enable participating Tribes to seek federal reimbursement for allowable Medicaid activities.

Tribal Medicaid Administrative Match (MAM) is a Federal program that provides reimbursement for a portion of the costs of "administrative activities" that directly support efforts to identify, and/or enroll individuals in the Medicaid Program or to assist those already enrolled in Medicaid to access benefits. Tribal MAM allowable costs must be directly related to the Medicaid State Plan and be "found necessary for the proper and efficient administration of the Medicaid State Plan or waiver service."

One Tribe has submitted MAM claiming documents for the July – September 2008 quarter and four additional Tribes have indicated they will participate in the next three quarters. Before Tribes can be reimbursed for allowable MAM activities, Agreements between each participating Tribe and DPHHS must be signed. Draft Agreements have been sent to each participating Tribe.

Fiscal Year	IHS Facility Medicaid Reimbursements
2004	\$25,897,307
2005	\$30,701,067
2006	\$29,005,320
2007	\$29,583,528
2008*	\$30,412,650



*SFY 2008 figures reflect claims as of August 2008. Providers may submit claims 365 days after date of service.

DPHHS Key Data Indicators

Monthly Reports

- November 30, 2008
- June 30, 2008
- April 30, 2008
- March 31, 2008
- February 29, 2008
- November 30, 2007
- May 31, 2007
- April 30, 2007
- March 31, 2007
- February 28, 2007
- January 31, 2007
- December 31, 2006
- October 31, 2006
- September 30, 2006
- March 31, 2006
- December 31, 2005

Fiscal Year Reports

- Fiscal Year 2008 Report
- Fiscal Year 2007 Report
- Fiscal Year 2006 Report

Reports can be found at: <http://www.dphhs.mt.gov/dataindicators>

For more information about these reports, please contact the DPHHS Office of Planning, Coordination & Analysis at (406) 444-5622.

Presentation to the 2009 Health and Human Services Joint Appropriation Subcommittee

Director's office

Department of Public Health and Human Services
Legislative Fiscal Division Budget Analysis, Volume 4, Page B-76

Contact Information

<u>Title</u>	<u>Name</u>	<u>Phone #</u>	<u>E-mail address</u>
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Public Information Officer	Jon Ebelt	444-0936	jebelt@mt.gov
Prevention Resource Center Director	Vicki Turner	444-3484	vturner@mt.gov

Overview

The Director's Office provides overall policy development and administrative guidance for the department. The office oversees the four overarching goals of the Department:

- All Montana children are healthy, safe and in permanent, loving homes.
- All Montanans have the tools and support to be as self-sufficient as possible.
- All Montanans are injury free, healthy and have access to quality health care.
- All Montanans can contribute to the above through community service.

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State Special Fund	732,787	700,238	3.0%	(32,549)	0.2%
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2009 Biennium Goals and Objectives

1. **Goal:** MMIS re-procurement study and rewrite.
 - a. **Objective/Measurement:** Complete RFP review and contract for study to be completed for system redesign by December 2008.
 - b. **Status:** Study was completed and recommendation for a new system was made in April 2008.
2. **Goal:** Tribe and Indian Health Service access to Medicaid and 100% FMAP for services.

Objective/Measurement: CMS approval for:

- 1) Reimbursement for personal care attendant services through I.H.S. to obtain 100% federal reimbursement;

- 2) Chippewa-Cree to determine tribal members' Medicaid eligibility for certain services;
- 3) Tribes to receive Medicaid Administrative Match (MAM) for Medicaid related activities.
- 4) Amount of pass-through 100% FMAP funding to I.H.S. and other tribal medical services.

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- 1) Implemented February 2008 and retroactive to July 2007.
- 2) In effect from October 1, 2007 through September 30, 2009;
- 3) The MAM Cost Allocation plan was approved by CMS in July 2008 with claiming beginning October 1, 2008 for participating tribes;
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- Implemented Pay Plan 20
- Department's participation in Rapid Response
- Governor Schweitzer's 20x10 Energy Initiative
- \$1.5 million funds generated for community 50 Prevention Resource Center VISTAs
- Managed \$3 billion budget and approximately 3,000 employees
- Good audit opinions for workers' compensation

Challenges

Below is a list of challenges specific to the Director's Office staff.

- Working on the HIFA waiver with CMS
- Medicaid Management Information System (MMIS) Replacement
- Succession planning
- Managing staff recruitment, retention and training

2011 Biennium Goals and Objectives

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Objectives	Measures
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- Assist top management in the analysis and development of policy determining impact on clients in services through advanced professional research, statistical reporting, analysis, and interpretation of health care data (e.g. Medicaid).
- Monitor to ensure the proper management of the MMIS system .

Office Planning, Coord. & Analysis

- Data indicators reports are completed on a monthly, quarterly and annual basis.
- Pay or deny 95% of all MMIS claims within 30 days of receipt.
- Medicaid projections are completed monthly from October to June each year.

2011 Biennium Decision Packages**DP 6101 - Fixed Cost Workers' Comp Management Program Allocation (page B-81)**

The Workers' Compensation Management Program at the Department of Administration was funded by the 2007 Legislature with a one-time-only (OTO) general fund appropriation. For the 2011 biennium and beyond, the executive proposes the program be funded via a fixed cost allocation. The allocation is based upon the average number of payroll warrants issued per pay period. Because the program was approved as an OTO for the current biennium, it must be presented as a new proposal for the next biennium. Therefore, the allocation cannot be included as part of the standard present law fixed cost process.

Funding	FY2010	FY2011
General Fund	36,822	31,927
State Special Revenue	6,782	5,880
Federal	55,115	47,787
Total	98,719	85,594

DP 40013 - Human Resources FTE (Page B-81)

This request is for 1.00 FTE for a human resource manager and 4.00 FTE for human resource specialists, for the Human Resource Unit, and also includes training expenses to bring in speakers and to travel to the institutions. A total of \$668,330 is requested for the biennium, including \$249,286 general fund, \$45,914 state special revenue, and \$373,130 federal funds.

Funding	FY2010	FY2011
General Fund	126,865	122,421
State Special Revenue	23,367	22,547
Federal	189,891	183,239
Total	340,123	328,207

Significant Issues

A brief list of issues may present obstacles or challenges to ensuring achievement of the performance measurements for the 2011 goals outlined above.

- Federal Economic Stimulus Package
- Numerous federal and community partners
- Manage complex relationship between federal government and communities they serve
- Implementing a market-based pay plan during an economic downturn

List of Significant Department Initiatives

The significant initiatives that will be tracked and reported on from a Department-wide point of view are:

- **Home and Community Based Services Expansion**
 - Senior and Long Term Care Division
- **Healthy Montana Kids**
 - Health Resources Division
 - Human and Community Services Division
- **Family Economic Security Grant**
 - Human and Community Services Division
- **Autism Waiver**
 - Disability Services Division
- **Medicaid for Workers with Disabilities**
 - Health Resources Division
 - Disability Services Division
- **Goal 189 for Montana State Hospital Census**
 - Addictive and Mental Disorders Division
- **Immunization**
 - Public and Health and Services Division
- **Family Planning**
 - Health Resources Division
 - Public and Health and Services Division

THE 2009 GUIDE

to the

MONTANA DEPARTMENT *of* PUBLIC HEALTH *and* HUMAN SERVICES

*"Improving and Protecting the Health,
Well-Being and Self-Reliance
of All Montanans."*



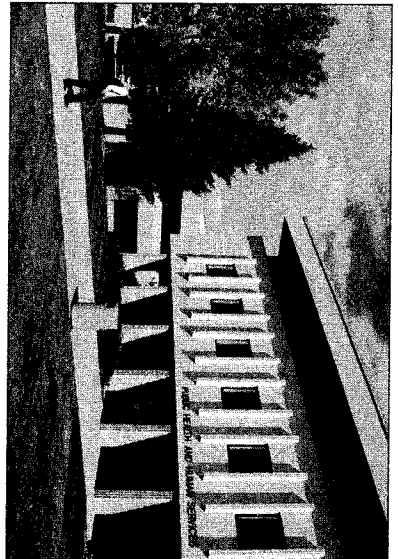
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ABOUT THE DEPARTMENT



The Director's Office for DPHHS is located on the third floor of 111 North Sanders Street in Helena, a block east of the State Capitol. Department employees work at several other locations in every county in the state.

The Montana Department of Public Health and Human Services (DPHHS) was created in 1995, when the Legislature consolidated state social service and health programs from the Departments of Social and Rehabilitation Services, Child and Family Services, Health and Environmental Sciences, and Facilities.

DPHHS is the largest single department in Montana state government, with more than 3,100 employees throughout the state. Its total budget for the 2008-2009 biennium is about \$3 billion. Of that, about 66 percent is from federal sources, 26 percent from the state general fund, and 8 percent from state special revenue funds.

The mission of DPHHS is to improve and protect the health, well being, and self-reliance of all Montanans. More specifically, DPHHS programs seek to achieve the following goals:

- All children are wanted, safe, and living in healthy families.
- All Montanans are healthy and safe from injury and have access to high-quality health care.
- All Montanans, including the elderly and those with disabilities, have the tools they need to be as self-sufficient as possible.
- All Montanans can contribute to these goals through community giving and service.

These goals are accomplished through the efforts of the director's office and department divisions. The department internally reorganized in January 2009 and grouped 10 of its 11 divisions under three branches named **Operations Services**, **Medicaid and Health Services** and **Economic Security Services**. Each division reports directly to its respective branch manager.

The **Public Health and Safety Division** is unique in the department's organizational structure as it reports exclusively to the director.

All 11 divisions are featured separately in this guide. An organizational chart for the department is on page 36 or can be accessed online at: <http://www.dphhs.mt.gov/orgcharts/bureaunorgchart.pdf>.

DIRECTOR'S OFFICE

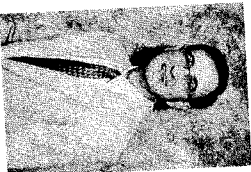


*DPHHS Director
Anna Whiting Sorrell*

The Director's Office is located on the third floor of 111 North Sanders Street in Helena.

The director of DPHHS is **Anna Whiting Sorrell**. She is responsible for overall department policy development, management, and coordination of programs. She directly supervises the department's senior management team and the Public Health and Safety Division.

Whiting Sorrell was appointed by Governor Brian Schweitzer in November 2008. She previously served four years as Governor Schweitzer's Policy Advisor on Families. She has spent her professional career working for the Confederated Salish and Kootenai Tribes where she is an enrolled member. She worked in CSKT Tribal Administration overseeing a number of programs and the Tribes' effort in self-governance and other legislative efforts.



Russ Cater

Whiting Sorrell also developed and implemented a nationally recognized substance abuse prevention and treatment program for the Tribes. Before, she was a teacher at the Tribes' school. She is a graduate of the University of Montana with a B.A. in political science and a Master's in public administration. She can be reached at 406-444-5623 or awhiting-sorrell@mt.gov.

Russ Cater oversees the Office of Legal Affairs. As chief legal counsel, he represents the department in court actions and administrative hearings, provides legal advice to the agency, and drafts administrative rules and supporting staff. He can be reached at 406-444-5626 or rcater@mt.gov.

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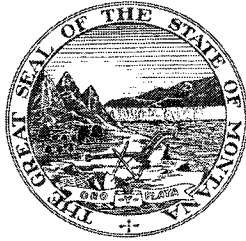
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DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



Brian Schweitzer
GOVERNOR

Anna Whiting Sorrell
DIRECTOR

STATE OF MONTANA

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To: Health and Human Services Subcommittee
Representative Teresa Henry, Chair

From: Department of Public Health and Human Services

Date: January 23, 2009

Re: Questions from the Subcommittee on vacancy savings and retirement

Question #1 How many positions are vacant now (January 2009) and what do they do? Why are they open? Which of these positions are held open to meet vacancy savings?

There are 132.47 vacant fte that are not located in an institution, and 74.25 vacant fte that are located in an institution for a total of 206.72 vacant hb2 fte as of January 15, 2009. Below are tables that indicate the specific number of vacant positions for the institutions, and a table for the non institution positions by division.

Total FTE Vacant not in Institutions	
AMDD	5.50
BFSD	6.00
CFSD	22.20
CSED	5.00
DIRECTORS OFFICE	2.00
DSD	13.50
HCSD	16.75
HRD	19.00
PHSD	22.52
QAD	11.50
SLTC	2.50
TSD	6.00
Grand Total	132.47

Total FTE Vacant at the Institutions	
IN-SH	37.00
IN-MDC	7.63
IN-MVH	1.00
IN-MHNCC	23.62
IN-MCDC	5.00
Grand Total	74.25

For the entire agency, there are currently 22.22 positions that have been identified as being held open to meet vacancy savings requirements.

Summary of Reason	Total
Advertised	38.38
Filled	24.50
Hard to Fill	41.62
Interviewing	28.50
OTO Position	0.50
Under review	34.00
Vacancy Savings	22.22
Will be advertised shortly	17.00
Grand Total	206.72

Question #2 How many positions would have to be held open to make the 4 percent vacancy savings?
(Annual number)

FY09

NON INSTITUTIONS 1913.57 FTE X 4% = 76.55 FTE

INSTITUTIONS

STATE HOSPITAL	406.40 FTE X 4% = 16.26 FTE
MDC	267.92 FTE X 4% = 10.72 FTE
VETERAN'S HOME	128.49 FTE X 4% = 5.14 FTE
MH NURSING CARE	122.70 FTE X 4% = 4.91 FTE
MCDC	54.25 FTE X 4% = 2.17 FTE
TOTAL	979.76 FTE X 4% = 39.20 FTE

TOTAL OF ALL FTE 2893.33 FTE X 4% = 115.75 FTE (Based on the assumption that all FTE are funded proportionally)

Question #2 What groups of positions are most likely to be open and what do they do? See LFD Analysis, page B _____. (Fill in page number where vacancy savings can be found)

Please refer to division specific reports.

Question #3 What is the division's total 7 percent vacancy savings and how many positions would have to be held open to make the 7 percent vacancy savings? What additional positions (by group) are most likely to be open and what do they do? List only the additions to the 4 percent list.

(This is an agency-wide vacancy savings figure - the division calculations are on the division specific reports.)

FY09

NON INSTITUTIONS 1913.57 FTE X 7% = 134.00~ FTE (Based on the assumption that all FTE are funded proportionally)

Additional open positions needed to achieve the 7% vacancy savings will likely be similar or the same types of positions as those listed in response to Question #2 above.

Question #4 Of the division's anticipated retirements, what positions do the retirees hold? Is the estimated payout still in line with the estimates on page B-6 of the LFD Analysis?

The table below is an updated version of the eligible retirees. The data being used is from the DOA retiree spreadsheet prepared for all of the agencies. The division details are on their specific reports.

AMDD	338
DSD	295
HCSD	257
CFSD	182
PHSD	94
QAD	78
SLTC	130
HRD	45
DIRECTOR'S OFFICE	26
BFSD	48
CSED	103
TSD	32
Grand Total	1628

The following table shows the actual retirements during 2007 and 2008 by job type and as a percentage of total retirements. This shows that far more employees are actually eligible for retirement than choose to retire. The agency's anticipated Compensated Absence Liability of \$1,792,560 (shown in Figure 1, Page B-4, LFD Budget Analysis) is calculated based on the average cost of the likely retirements. The number of likely retirements for the next biennium was predicted based on the actual retirements during 2007 and 2008.

Retirement Distribution by Job Type - FY 2007 & 2008

	Number of Retirements		Percent of Total Retirements	
	2007	2008	2007	2008
Central Employees				
Management	6	6	9.4%	10.3%
Manager/Supervisor (Band 5, 6, 7)	5	6	7.8%	10.3%
Professional/Program (Band 5, 6, 7)	39	27	60.9%	46.6%
Administrative (Band 2, 3, 4)	14	19	21.9%	32.8%
Totals	64	58	100.0%	100.0%
Facility Employees				
Management	0	0	0.0%	0.0%
Manager/Supervisor (Band 5, 6, 7)	1	0	2.9%	0.0%
Professional/Program (Band 5, 6, 7)	9	9	25.7%	24.3%
Administrative (Band 2, 3, 4)	1	3	2.9%	8.1%
Administrative - Medical & Psychiatric (Band 2, 3, 4)	11	10	31.4%	27.0%
Facility Physical Support (Maintenance, custodial, food)	13	15	37.1%	40.5%
Totals	35	37	100.0%	100.0%
Total number of retirements *	99	95		

Central Employees

Management includes positions such as administrators, bureau chiefs, and regional administrators, and a small selection of other top management positions.

Manager/Supervisor (Bands 5, 6, 7) includes positions in manager and supervisor classes such as social service supervisor and computer supervisor,

Professional/Program (Bands 5, 6, 7) includes a broad array of professional positions, social workers, accountants, computer programmers, administrative specialists, nurses and many more.

Administrative (Band 2, 3, 4) includes 'all other' positions not included above such as administrative assistant, eligibility assistant, and clerk.

Facility Employees

Management includes facility administrators, superintendents, and service program managers.

Manager/Supervisor (Bands 5, 6, 7) includes positions in manager and supervisor classes.

Professional/Program (Bands 5, 6, 7) includes a broad array of professional positions, social workers, accountants, computer programmers, administrative specialists, nurses and many more.

Administrative (Band 2, 3, 4) includes 'all other' positions not included above and not included in the Medical & Psychiatric type immediately below.

Administrative - Medical & Psychiatric (Band 2, 3, 4) includes positions such as LPNs, medical record staff and psychiatric aides.

Facility Physical Support (Maintenance, custodial, food service)

Note: Report is based on data from SABHRS HR Personnel Actions History for each of the two fiscal years.

* Previous 2007 retirement count was 98. Record added 8/04/08 created an additional retirement in 2007.